PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE or the Papear of Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL		Application Number		10/656,846			
TRANSMITTAL		Filing Date		09/04/2003			
FORM		First Named Inventor		Chu			
(to be used for all correspondence after initial filing)		Art Un	it	2173			
		Examiner Name		Unassigned			
Total Number of Pages in This Submission 2		Attorn	ey Docket Number	017887-0	10120US		
ENCLOSURES (Check all that apply)							
Fee Transmittal Form	☐ Drawin	☐ Drawing(s)		After Allowance Communication to Group			
Fee Attached	Fee Attached Licensi		ng-related Papers		Appeal Communication to Board of Appeals and Interferences		
Amendment/Reply Petition				Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
		n to Convert to a onal Application		Proprie	etary Information		
		of Attorney, Revocation e of Correspondence Address		☐ Status	Letter		
Extension of Time Request		nal Disclaimer		Other Enclosure(s) (please identify below):			
Reques		st for Refund		1) Return	Postcard		
Express Abandonment Request CD, Nu		lumber of CD(s)		2) PTO/SE	3/83 Request to Withdraw as Attorney		
Information Disclosure Statement							
Certified Copy of Priority Document(s) Remai		rks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.				
Response to Missing Parts/ Incomplete Application		··-	J		·		
Response to Missing Parts under 37 CFR 1.52 or 1.53							
SIG	NATURE O	F APPL	ICANT, ATTORNEY,	OR AGEN	T		
Firm Townsend and Townsend					· · · · · · · · · · · · · · · · · · ·		
or Individual Phillip H. Albert	Phillip H. Albert Reg. No. 35,819						
Signature							
Date August 25, 2005							
CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.							
Typed or printed name Christopher R. Fitting							
Signature	1.H			Date	August 25 2005		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/83 ((ივ.	ივ:
--------------	-----	-----

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

	FT0/36/03 (09-03)
Application Number	10/656,846
Filing Date	09/04/2003
First Named Inventor	Chu
Art Unit	2173
Examiner Name	Unassigned
Attorney Docket Number	017887-010120US

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
Please withdraw me as attorney or agent for the above identified patent application, and							
all the attorneys/agents of record							
all the attorneys/agents (with registration numbers) listed on the attached paper(s), or							
all the attorneys/agents associated with Customer Num	all the attorneys/agents associated with Customer Number 20350						
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.							
The reasons for this request are: Client requests to transfer matter							
CORRESPONDENCE	ADDRESS						
1. The correspondence address is NOT affected by this w	rithdrawal.	•					
2.							
☐ Customer Number 32361							
OR							
☐ Firm <i>or</i> Individual Name							
Address							
Address							
City	State	ZIP					
Country	Y						
Telephone	Fax	· ·					
Name Philip H. Albert	[
Signature UV Ch	Registration No. 35,819						

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Date

August **%** 2005